

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030452

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 333

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jefferson City

Length of stay in 1b

7 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Still Osteopathic Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

Overland

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

9603 Whistler

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

JAMES

RICHARD

STOEBER

4. DATE OF DEATH

Month

Day

Year

August 29 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/19/43

9. AGE (last birthday)

18

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stable Hand

10b. KIND OF BUSINESS OR INDUSTRY

Resort

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herman W. Stoeber

13b. MOTHER'S MAIDEN NAME

Onetian N. Bvarklin

14. NAME OF HUSBAND OR WIFE

Never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Herman W. Stoeber

Address

9603 Whistler Overland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Failure

DUE TO (b)

Cerebral Hemorrhage

DUE TO (c)

Traumatic injuries face and head

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Dragged by horse

20c. TIME OF INJURY

Hour XXXX p.m. 8/28/62

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Tan-Tar-A Resort

20f. CITY, TOWN, OR LOCATION

Osage Beach

COUNTY

Miller

Missouri

STATE

21. I attended the deceased from

August 28, 1962 to August 29, 1962

and last saw him alive on 8/29/62

Death occurred at

3:26 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Eugene E. Roberts

22b. ADDRESS

616 E. High, Jefferson City, Mo

22c. DATE SIGNED

8/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug 31 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Earl Hilleman Overland, Mo.

25. DATE RECD. BY LOCAL REG.

29 August 1962

26. REGISTRAR'S SIGNATURE

R. D. Richter, Reg.

Completed and Filed (Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10269
400X

3

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12 1-2

13 1-0

VS SEP 6 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald T. Greenman

Licensed Embalmer No. 4623

P. O. Address J.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.